VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	11 MEDICAL EXA	m-G307	CERTIFICATE C	or DEATH	01109
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	are dacassad livad, If institution:	Residence bafore admission)
1	Over ANNE	MARYLAND	O. STATE NIAPVI	ANA B. COUNTY	ceN ANNI
1-		OF STAY IN 16	c. CITY OR TOWN (If outside	a corporata limits, write RURAL an	
	write RURAL and give nearest town)		V		a great maniput town)
-	GRASONVILLE			SONVILLE	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	af addrass)	d. STREET ADDRESS	•	o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First M	ddla	Last / 4. D.F		Day Year
	(Type or print) WILLIAM	BR		EATH / JAN,	10 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 1 8.	DATE OF BIRTH	187 AGE (In years IF UNDER	
	1001 5 101	VORCED	UNKNOWN	last birthday) Months	Days Hours Min.
10	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSIN			VI 60 yrs.	TIZEN OF WHAT COUNTRY?
de	ina during most of working life, even if retired)	E33 OK INDOSTRI	3.4	,	I / A
	OYSTER SHUCKER		I NORTH LA	ROLINA	USH
13	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME	11/	,
	WILLIAM DRINSO	IV	FLIZAB	ETH WHI	TE
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU ps, no, or unkown) (Ifyesgivawarordatesofsarvica)	RITY NO. 17. II	NFORMANT	Address	
1,1	, iio, or olikowii) (iii yesystawai of datas of safatca)	1/F	RDA FATMAN	V 4925 WA	LTON AVE.
Press.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)	, and (c).]	NUIT - ILLE TIME	Dui A D	A I INTERVAL BETWEEN
	PART IL DEATH WAS CAUSED BY	7	an i a	FAILA M	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Bronchia	1 pneum	OUTR		40 0 0
	DUE TO				
	Conditions, if any, which (b)				
	gave rise to immediate cause (a), stating the underlying DUE TO				
	causa lest, (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TERMINAL DIST	EASE CONDITION GIVEN IN PAR	
CERTIFICATION	old pulmonary tuberculo	gig ar	nd bronchial a	asthma	PERFORMED?
IFIC			ntar nature of Injury in Part I or Par		
ER	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			000	2
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCU	IDDED I DO- DI A	TE OF INTIIDY (Name from 1 20)	(Clay as house)	to all
MEDICAL	Hour a.m. 19 al work all work	la fecto	CE OF INJURY (Homa, farm, ' 20f. ry, street, office bldg., alc.)	(City or town) (Cou	inty) (State)
	21. I certify that I took charge of the remains descri	bed above, hel	d an Autopsy . Inspec	tion X, Inquiry X,	and in my opinion
	death resulted from: Natural causes X, Accider	suicid	de , Homicide ,	Undetermined manner	
	- /	-	CHIEF MEDICAL EXAMIN	ER 🗍	
	ACTUAL DE STORY		ACCIOTANT NEDICAL CV		DATE SIGNED
	SIGNATURE CALLET		M.D. ASSISTANT MEDICAL EX.		
	NAME (Type) C. R. Layton Con	freville	10 Moddrass (Streat, city, tow	g or county) Jan.	12,62
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. MAME	OF CEMETERY OR		OCATION (City, town, or country	(Stata)
	BURIAL JAN.15 Chu	- L Hill	Colored CN	wich Hil	a drid.
23	FUNERAL DIRECTOR ADDRES		248. REGIONBY RE	EGISTRAR 246. REGISTRAR'S S	GNATURE
	Capario, dane China	1 7/110	md. DATE	Tribuna 1	. Through
_	- Church	7 7 7 7 2	/ DATE		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 01110

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1. PLACE OF DEATH						JSUAL RESI	IDENCE (Wh	ere deceased	lived. If in		Resider	nce befa	re odmi	sion)
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b. CITY OR TOWN	If outside corporate tim	its, write	c. LENG	TH OF STAY IN	16		TOWN (If o		ate limits, w					
RURAL and give n				life		Y ah.	arch	TEST T						
	TAL (If not in hospital, o	nive strent		1116		d. STREET							e. 15 RE	SIDENCE
OR INSTITUTION			,			a. Jinkei	NE DE LE				*		ON	FARM?
3. NAME OF	Fic	rsi		Middle		La	s)	4. DATE		Month	1	Do	у	Yeor
(Type or print)	Cora A	intho	ny		B	utle	r	OF DEATH	Jan.				20	1662
5. SEX	6. COLOR OR RACE	7. MAPE	IED 🗀 N	EVER MAPPIED	□ 8. D	TE OF BIRT	TH .		9. AGE (In)	eors I	F UNDER			ER 24 HRS.
Female	C	WIDOWI	100	DIVORCED					last birtho	toy]	Months	Doys	Hours	Min.
			E-L				14,18		71	yrs.	Jan au	21221		
Traducing most of wo	ON (Give kind of work rking life, even if retired . C	done 10b.			INDUSTRY	11. BIRTHP	LACE (Slote	or loreign co	untry)		12. CI	IIZEN C	JF WHA	COUNTRY
Housewil	i'e'		DOME	estic		Ma	rylan	.đ.				U.	S.A	
13. FATHER'S NAME					14	. MOTHER'S	MAIDEN N	IAME						
John A	nthony					Emma	a Th	omas						
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL S	ECURITY NO.	17. INFO					Addre	53			
(Yes, no. or unknown)	(If yes, give wer or dates of			3-0390	Ma	27 (27	riffi	n o	ueen	n+ ~	1170	TAT A		
					عاد ا	1 9 (1)		11 0	ueem	5 60	AATT a	-		
	ATH [Enter only one co	avsa per lii	ne for (a),	(b), and (c).										DEATH
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	o Cie	ereh	ral Th	romb	osis						1	2 H	rs.
	DUE TO													
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couse (a), stating														
lying couse lost.		100		alized			74_X_06F76-0e	- DOX OF GLASS					ear	
PART II. OT	THER SIGNIFICANT CON	ADITIONS C	ONTRIBU	ITING TO DEATH	H BUT NOT	RELATED TO	O THE TERMI	NAL DISEASE	CONDITIO	N GIVE	N IN PAI	RT 1(o) 1	9, WAS	AUTOPSY DRMED?
3													YES [NO.
PART II. OT	AS UNDERLYING C	206. DES	CRIBE HO	W INJURY OCC	URRED. (E	nter noture	of injury in f	Part I or Port	Il of item 1	B.]		-		
OR CONTRIBUTING	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)													
	RY Month, Doy, Ye	or 20-1 II	NJURY OC	CHOPED 120	A PLACE	OF INHURY	(Home, form	, 20f. (City	or loun!			(County)		(Stole)
20c. TIME OF INJU		While		while_			ce bldg., etc.		Or IOWIII		,	Coomy		faintal
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alive on 1/	20			and that d										
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SIGNATURE	- All	70	- X	Almo -	M.D.				J 201				262 9 7	
PHYSICIAN'S	C. Rodne	To To												
NAME (Type)	C. Rodne	A TE	A POI	M. I)									
220. BURIAL CREMATI	ON, 226. DATE THERE	OF .	22c. N/	AME OF CEMETE	RY OR CR	EMATORY		22d. LOCAT	ION (City, to	own, or	county		(Sto	te)
REMOVAL (Specify	rl l		102		1177			Chr	irch	Hil	7	EM		
到到 月日日 23. FUNERAL DIRECTO		962		urch H			04 05.011	D BY REGIST			RAR'S SI	GNATH	OF.	
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Cambridge, Md.

DATE JAN 3 0 '62

Cathan & Harris

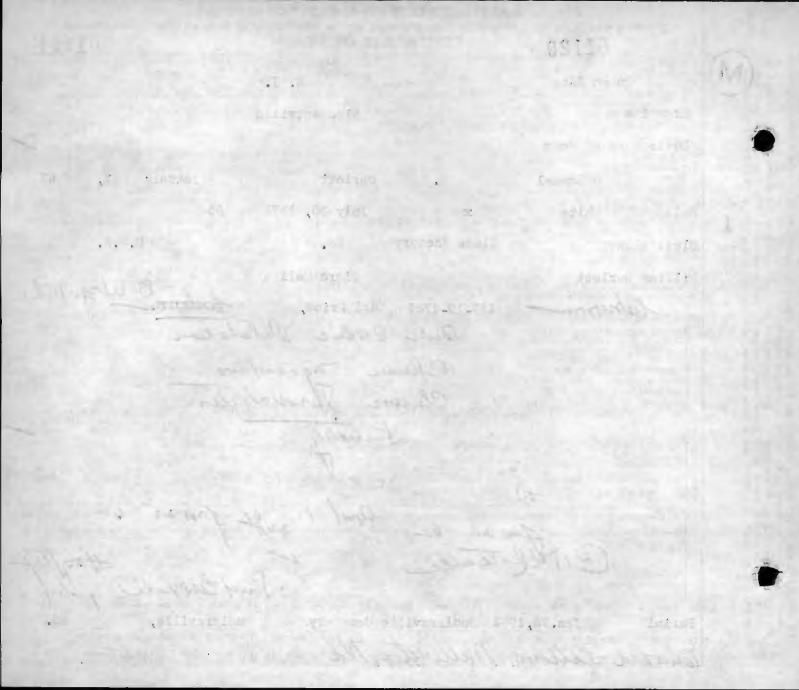
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 should be filted with may be retained by the haspital or attending physicion.

TO FUNER of RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 st. be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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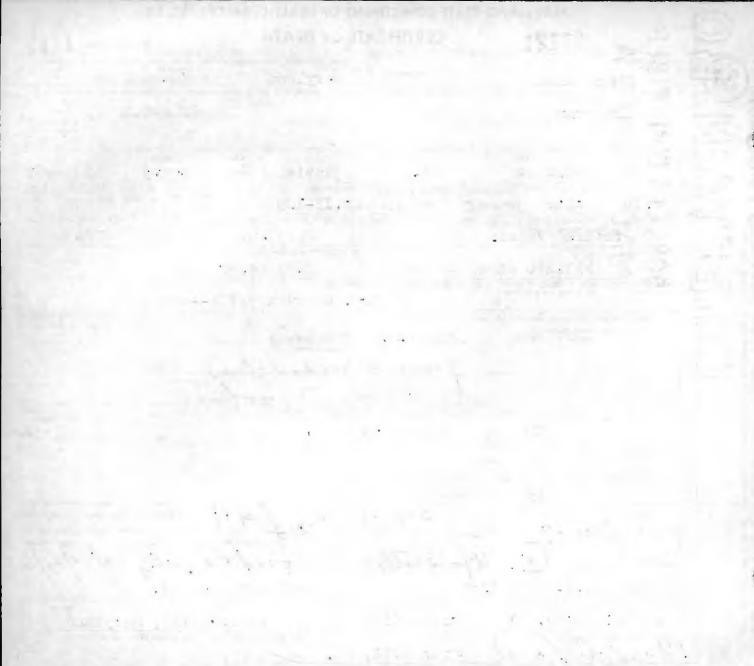
Curlott B. DATE OF BIRTH July 30, INDUSTRY II. BIRTHPLACE Md. 14. MOTHER'S M. Clara Ha	4. DATE OF DEATH 1878 (County & State, or I	Janua AGE (In years last birthday) 83 yrs.	Day LTY 25, IF UNDER 1 YEAR Months Days	• IS RESIDENCE ON A FARM? YES NO Year 19 62 IF UNDER 24 HRS. Hours Min.			
Curlott B. DATE OF BIRTH July 30, INDUSTRY II. BIRTHPLACE Md. 14. MOTHER'S M. Clara Ha	JA. DATE OF DEATH 1878 (County & State, or I	Janua AGE (In years last birthday) 83 yrs.	Day LTY 25 IF UNDER 1 YEAR Months Days	• IS RESIDENCE ON A FARM? YES NO Year 19 62 IF UNDER 24 HRS. Hours Min.			
Pleasant d, STREET AD Last Curlott B. DATE OF BIRTH July 30, INDUSTRY II. BIRTHPLACE Md. 14. MOTHER'S M Clara Ha	4. DATE OF DEATH 1878 (County & State, or label NAME	Janua AGE (In years last birthday) 83 yrs.	Day LTY 25 IF UNDER 1 YEAR Months Days	• IS RESIDENCE ON A FARM? YES NO Year 19 62 IF UNDER 24 HRS. Hours Min.			
Curlott B. DATE OF BIRTH July 30, INDUSTRY 11. BIRTHPLACE Md. 14. MOTHER'S M Clara Ha	4. DATE OF DEATH 1878 (County & State, or I	Janua AGE (In years last birthday) 83 yrs.	FUNDER 1 YEAR Months Days	Yes NO Pear 19 62 IF UNDER 24 HRS. Hours Min.			
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Curlott 8. DATE OF BIRTH July 30, INDUSTRY 11. BIRTHPLACE Md. 14. MOTHER'S M Clara Ha	1878 (County & State, or I	Janua AGE (In years last birthday) 83 yrs.	FUNDER 1 YEAR Months Days	19 62 IF UNDER 24 HRS. Hours Min. OF WHAT COUNTRY			
July 30, INDUSTRY 11. BIRTHPLACE Md. 14. MOTHER'S M Clara Ha	1878 9. (County & State, or I	AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min. OF WHAT COUNTRY			
July 30, INDUSTRY 11. BIRTHPLACE Md. 14. MOTHER'S M Clara Ha	(County & State, or I	AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min. OF WHAT COUNTRY			
July 30, INDUSTRY II. BIRTHPLACE y Md. 14. MOTHER'S M Clara Ha	(County & State, or I	83 yrs.	12. CITIZEN C	DE WHAT COUNTRY			
y Md. 14. MOTHER'S M Clara Ha	(County & State, or I	-					
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Clara Ha							
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H BUT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY			
Pilli			-	PERFORMED?			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)							
OR CONTRIBUTING CAUSE OF DEATH							
The state of the s							
factory, street, office blo	dg., atc.)	07 104117	(200111)	(State)			
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22d. ADDRE	SS D	10	+ 1	1 11			
	July	TUSY-	elle	uch			
EMETERY OR CREMATORY	23d. LOC/	ATION (City, tow	en or county)	(State)			
lle Cemeterv	Sudl	ersville	9.	Md.			
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1 7//							
	Cardiac Cardiac Comic Vig Comi	Earl Price, Cardial Delada Cardial Delada Cardial Delada Concurrence Delada H BUT NOT RELATED TO THE TERMINAL DISEASE COCURED. (Enter nature of injury in Part I or Part II 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) A from Lpd. 196 f. to. Ind that death occurred a method of the phys. DIRECTOR DIRECTOR ATTENDING DIRECTOR 22d. ADDRESS EMETERY OR CREMATORY 23d. LOC. 11e Cemetery Sud]	Candiac Walander Candiac Walander Control Candiac Walander Control Con	Earl Price, Cardiac Welala lus Cardiac Wella lus Cardiac Welala lus Cardiac Welala lus Cardiac We			



		01121		CERTIFIC		•		Reg. D	ist. No	11				
1. PLACE OF DEATH o. COUNTY Queen Anne MARYLAND					2. USUAL RESIDENCE (V o. STATE Marylan		b. COUNTY	on: Reside	idence before odmission) Anne					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CTITED TOD					c. CITY OR TOWN (II	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crumpton								
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION					d. STREET ADDRESS									
3. 6	NAME OF DECEASED Type or print)	Charles		Middle R.	Davis	4. DATE OF DEATH	Janua		1		Yeor 196			
5. 5	Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Jan. 13-189	5	9. AGE (In years last birthday) yrs.	IF UNDE Months	Doys	Hours	ER 24 M			
Oa.	USUAL OCCUPATION during most of work	ON (Give kind of work of king life, even if setired)	lone 10b. Kill	ND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Sto Mary		untry)	12.CI		SA	OUN			
3. 1	FATHER'S NAME	William	James	Davis	14. MOTHER'S MAIDEN	Seney	,							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unknown) (If yes, give wor or datas of service) Mrs. Charles Walls—Crumpto:									n					
NO	Conditions, if o gove rise to i couse (o), storing lying couse lost.	mmediate DUE TO		Prunt Plus	Orloring D.	clrso oe w.f.	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTC			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART COLUMN SCLUSSIS 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									PERFC YES					
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or town) (County) While Not while of work of work of work														
MED		Y Month, Doy, Yes	While _	_ Not while			or town)		(County)		(
MED	p. m,	and I attended the	While of work	fram Dec , and that death	1 / . 19/ / . toth occurred and	for /	9 , 1962, the causes an roet, city or town,	that i I d on the state)	ast sav	w the c	dece			

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be referred by the haspital or otherding physician.

D FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, crematian, or remayal, and in ony event within 72 haurs after death. may be refe TO HOSPITAL VS A15 (4) 15M 9/58



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss a. COUNTY b. COUNTY by the franch and 2 Marvland Queen Ann MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearast town) 24 Rural Marydel Rural Sudlersville Months 5within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS None None executed completely 4. DATE NAME OF Middle Month DECEASED (Typa or print) DEATH I. Faulkner William carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | AGE (In years | IF UNDER 1 YEAR | certificate be and last birthday) WIDOWED [DIVORCED Male event, physician 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foraign country) remove 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) Maryland Retired Farmer None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending William Faulkner Elizabeth Ware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. ! 17. INFORMANT (Yes, no. or unknwn) | (If yes nivawar or datas of sarvice) Sudlersville McGinnis None Robert the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). physician. has been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the burial-transit burial, cremation, DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital SP 0 USB prior 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Murry in Pert Tor Part II of Item 18.) detached for he this After 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm,) ŝ 20c. TIME OF INJURY Month, Day, Yaer 20f. (City or town) factory, street, office bldg., atc.) Not While Hour a.m. at work may be retain DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from 100 30 -to.... T. L. 19(4. Z. that (I) (we) last saw the deceased alive on...... 22a. SIGNATURE ATTENDING STAFF S & DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS TO HOSPITA death. Page TO FUNE director, pag be filed with NAME (Type) 23d. LOCATION (City, 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial Templeville Templeville, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

15M 9/60

Caroline

30

U.S.A.

(County)

12. CITIZEN OF WHAT COUNTRY?

Md .

ONSET AND DEATH

PERFORMED?

NO M

(State)

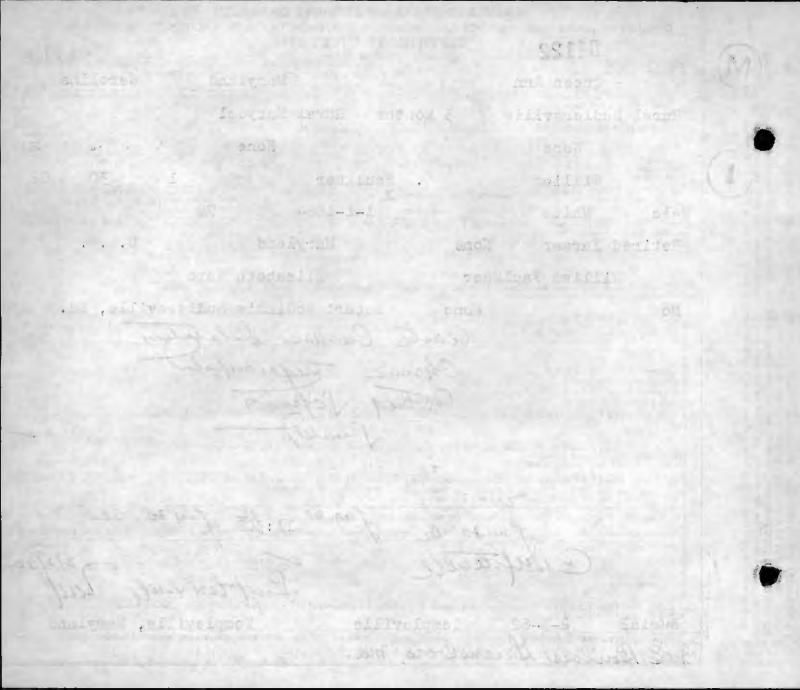
a. IS RESIDENCE ON A FARM?

YES NOT

19

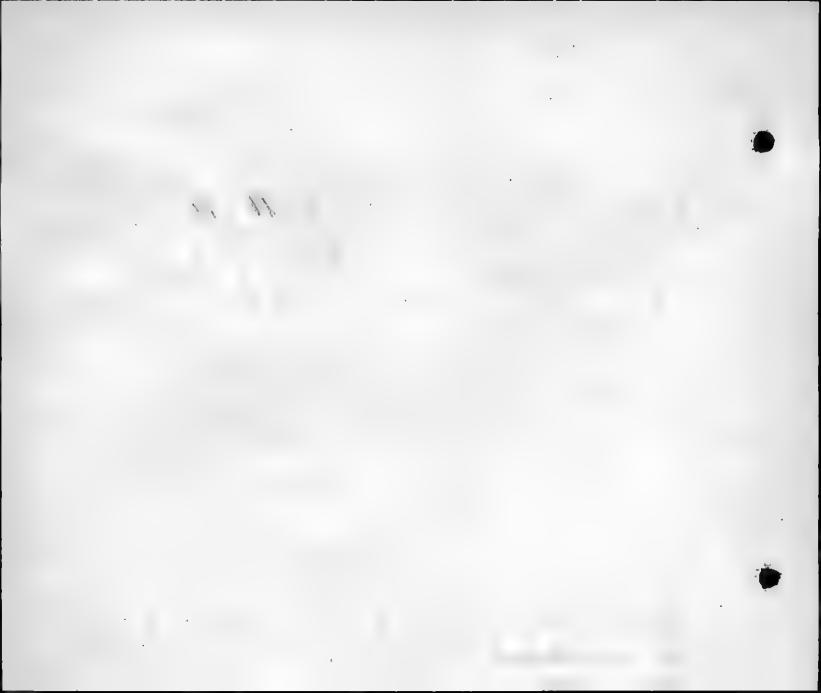
IF UNDER 24 HRS.

62

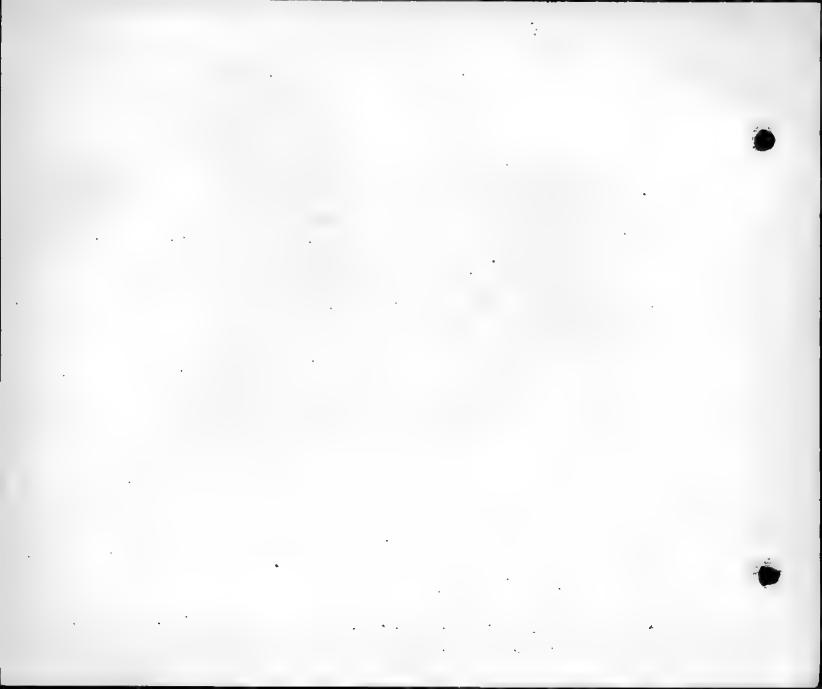


	CERTIFICATE OF DEATH	ARYLAND
inneral should	1. PLACE OF DEATH I tem 9 Film Gy Usual Residence decaded byed It institution, Resi	<u> </u>
by the fur and 2 sho death	1. PLACE OF DEATH a. COUNTY Decident Anne MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and getting) C. CITY OR TOWN (if outside corporate limits, write RURAL and getting)	eenAnne
A after	ANAME OF HOSPITAL OR INSTITUTION (if not in hospita, give sifeet address) A RURA! Centre of Reville A RURA! Centre of Reville A STREET ADDRESS	IS RESIDENCE
per:		YES NO YEAR
d momple bon pa	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE 4 YEARS IF UNDER 1 YE	
ian Ind	TEMPLE JEGY O WIDOWED DIVORCED DEVORCED DIVORCED BRITISH ACE COUNTY & State, for for an equitive 12. CITIZE	
pllysic	done during most of working tife, even if retired Housewife 13. FATHER'S NAME 14. MOTHER'S NAME	S.A
ending	15. WAS DECKASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT TO Address	
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shysicia shysicia sit perm on, or r	PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D)	ONSET AND DEATH
nding poen sig	Conditions, if any, which (b) Kn Custrally Bealities gave rise to immediate cause	yeas_
or after or after the burief,	(a), stating the underlying DUE TO cause last.	/
ospital ospital incr to l	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE	19. WAS AUTOPSY PERFORMED? YES NO
y the hy the hor this conditions of for salth pr	206 ACC DENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert For Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ained bained bained bained bained bained batter	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, '20f. (City or town) (County Hour a.m. While Not While fectory, street, office bldg., alc.)	(Steta)
PATE De rei ECTO Suld be sie Dep	21. I certify that (i) (this hospital) attended the deceased from 3. 196. 2 and that death occurred at 3. 196.	Athat (I) (we) las
L DIR	228. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. [226. DATE SIGNED
tor, paged with	PHYSICIANS NAME (Type) C. R Lozy for Cantrevelle, my	1.
He be die of the bear of the b	238. BURIAL, CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Town or county) REMOVAL ISPOCIFY! 1-20-62 1236. PSICR+: CIC Com., ContReville	(Stele)
VR AIS (4) 15M 7/61	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS COMMO DATE JAN 2 4 '62 COMMO S. F.	_

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



01125 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · countiueen Anne wervland b. COUNTYQueen Anne filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FURAL and sive recognition Hall Near Church Hill O d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION e. IS RESIDENCE ON A FARM& d. STREET ADDRESS YES NO 5 6 NAME OF DECEASED 4. DATE Middle Bessie Kirby 62 0. January (Type or print) 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH Jan. 1-1888 losy Birthdoy) Months F'emale Dovs White DIVORCED | WIDOWED 10b. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryland USA corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Dill Thomas B. Chance гепоче 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs. Jennie Cole -- Church Hill. Md. INTERVAL SETWEEN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Coronary Occlusion 30 men DUE TO Ateriosclerotic cardiovascular disease Conditions if ony, which gove rise to immediate **DUE TO** couse (a), stating the underte hos been sig burial-tronsit p lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20f. (City or town) (State) Doy, Yeor factory, street, office bldg., etc.) Hour o. m Not while ot work 🔲 at work 19 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 104 S. Liberty St. TO FUNERAL
page 3 shou Centreville, Maryland PHYSICIAN'S Layton NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, town, or county) (Sto Church Hill, Maryland Church Hill REMOYAL SPECTY Jan. je i 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** JAN 2 4 '62 VS A15 (4) Church Hill, Maryland Contrar & Thomas 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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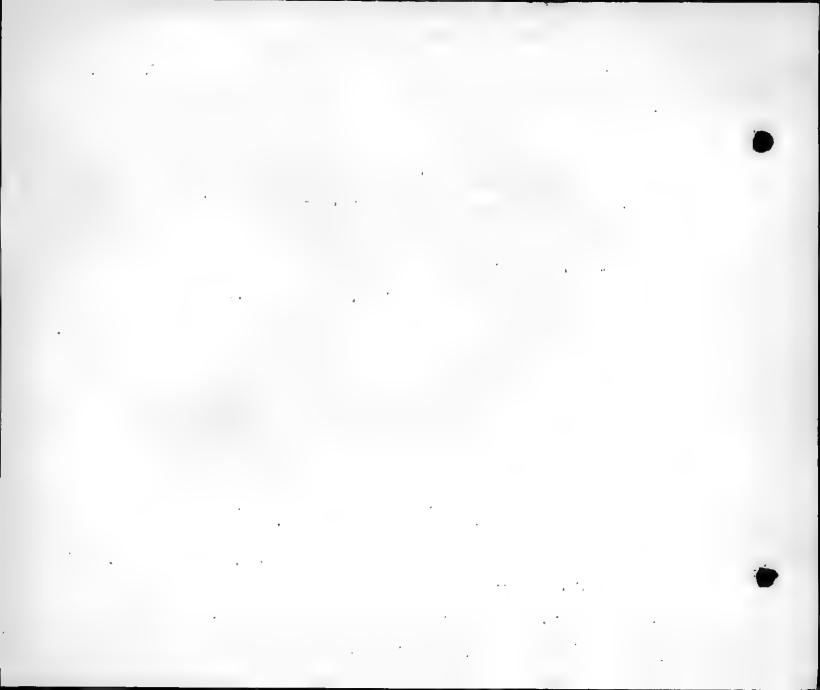
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R ATTEN

within 24 hours



FOR STATE HEALTH DEPT Vol Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, if eny delay is necessary, please extent he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funding director. Page 4 should be rowarded to the Chief Medicel Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Flouth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)							
	e. county Queen Anne Maryland	• . STATE Maryland b. COUNTYQueen Anne							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Price	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO							
	3. NAME OF First Middle DECEASED (Type or print) Edward Vernon R:	Last 4. DATE Month Day Year OF DEATHAGE TO 1067							
	The same of the sa	HOOVI JAN. T. B. 1902							
	Male White widowed A Divorced	Dec . 19-1905 9. AGE (In yeers lest birthdey) Months Days Hours Min.							
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR								
	done during most of working life, even if refired) Laborer	Maryland USA							
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Joseph Richardson	Clara Sheubrooks							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unkown) (Ifyesgivewerordetesofservice)								
		nthony RichardsonPrice, Md.							
-	18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COPROTY I prom bo 213 / robinge								
	T-2 0 DUE TO								
	Conditions, if eny, which (b)								
	geve rise to immediate cause (e), stating the underlying DUE TO	nd 10- 14 day Post Peath							
)		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY							
	Know Heavy Drinker No.								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THOSE HE CLUY DY NECTOR TO THE PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH.	Enter nature of injury in Part I or Part II of itom 18.)							
		CE OF INJURY (Home, ferm, ory, street, office bldg., etc.) (City or town) (County) (Stete)							
	21. I certify that I took charge of the remains described above, he	old an Autopsy Inspection Inquiry and in my opinion							
	death resulted from: Natural causes . Accident . Suic	ide, Homicide, Undetermined manner							
	0-0-	CHIEF MEDICAL EXAMINER							
3	SIGNATURE COY CON	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED							
>	EXAMINER'S NAME (Type) C. T. Liczy fon	Address (Street, city, lown, or county) Face 3, 156							
	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)								
-	Burial Feb. 4 Sudlersville	Sudlersville, Md.							
	23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE							
	Edgar of Jane Church Hill	1. Md. DATE 100							
		FER 6 62 Circles & Times							

10 V

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1127 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institutions Resi	idence before admission
b. CITY OF TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (It outside corporeta limits, write RORAL end g	WHUNES
write RURAL end give nearest town)	W 11	tae uselest town)
CENTREVILLE SUGRS,	X CENTREVICE	1 - 10 pecipexion
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	403 Chaster Field HIE.	YES NO
3. NAME OF First Middle DECEASED	OF TALL	Day Year
(Type or print) HOWARD WOODAL Ki	Y (AND DEATH JAN. 6	1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YE	
MALE WIDOWED DIVORCED [3ctober 3/1887 74 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)		N OF WHAT COUNTRY
MERCHANT HABERDASHERY	QUEEN ADNE'S MARYLAND U.S	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
DAVIS A. RULAND	MARGARET Sheets	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no or unkown) (If yes give we ror defes of service) 220-32-0306 M	RS. HOWARD W. RYLAND CENTREN	ILE MA
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	And the state of t	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) COF MINE S; ?	ry Throm hesis	ONSET AND DEATH
111111111111111111111111111111111111111		
Conditions, if any, which the Artro Scl	ertic Cardio Vassaula Ds	years
gave rise to immediate cause	2	
(a), steting the underlying DUE TO Beauciff	sed Artroscilcrosis	
cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IL	a) 19. WAS AUTOPSY
0 6 0 7	F2:/11	PERFORMED?
	D. (Enter nature of injury in Part I or Part II of item 18.)	YES NO .
OR CONTRIBUTION COLUMN AUGUST OF DEATH OF THE COLUMN AUGUST OF THE COLUM	D. (Enter nature of injury in rail) of rail ii of new 10.)	
	ACE OF INJURY (Home, farm, '20f. (City or lown) (County street, office bldg., etc.)	y) (State)
Hour a.m. y.m. 19 While Not While at work at work	rary, street, office blog., etc.)	
21. I certify that (I) (this hospital) attended the deceased from.	June 16 1957 10 Vanc 196	Lihat (I) (we) las
saw the deceased alive on V22 4 196 3 and that	profit.	
228. SIGNATURE	Total Control and State of the Control of the Contr	22b. DATE
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1-9-62
22c. PHYSICIAN'S NAME (Type) C. T. Layton	Centre Ville med	
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR GREMATORY 23d. LOCATION (City, town or county)	(State)
Burial Jan 8 1962 Crumpton	CEMETERY CRUMPTON MAR	4(AND_
20 FUNERAL DIRECTOR'S SIGNATURE ADDRESS OF THE PROPERTY OF	DATE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIC	MATURE TO MALE
Man Man Man Man	ALLIE DAIG	

011118

DIRECTOR: After this mertificate has been signed by the attending physician and completely d in by record director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Set 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 22 hours after death. incate be execute

R A15 (4)

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1127 Green American Throughout Thompson and MAY DANS OUT STADOUT BELLOWING the magnitude of the state of t The manyorally continue of printerious of the manner of Donald France The street was a superist and agree to ore himborial interest problems and provide the same minute go- whi- while of the state of